	199	DILLE IE VOLL ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDIII E IE VOI	ATTACH THE COR	
Yes No	1 \$5,000 from a	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes X No J. [D. Did you, your spouse, or your dependent child have any reportable Ye liability (more than \$10,000) at any point during the reporting period?	D. Did you, your sportiability (more than \$1
To Yes No	arrangement with an the current calendar	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No Out out	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yor reporting period?	C. Did you or your sp honoraria, or pensior reporting period?
y? Yes X No	g the reporting igh the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No E.	pendent child: was worth more than \$1,000 at the samed income from any reportable d?	A. Did you, your spouse, or your deta. Own any reportable asset that end of the reporting period? or b. Receive more than \$200 in une asset during the reporting periods.
		ONS	OF THESE QUESTION	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	PRELIMINARY
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penaity sh individual who file	Period Covered: January 1, 2617 to 126, 31, 2017	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Staf Employing Office: Sha	STATUS
(Office Use Only)	(Of	Check if Amendment	5. 2018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:	FILER
UN 15 PM 2: 18	, y.s. H	ne:	_ Daytime Telephone:_	Herbert H Lee	Name:
Page 1 of 6 LEGISLATIVE RESOURCE CENTER	LEG	FORM B Candidates, and New Employees	FORM B For New Members, Candidates, and	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	UNITED STA
G and	1				

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

Yes
Yes

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Salerie	Parthaskop	Rental	TRAS	IRAs	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock	Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over the count is over the count financial inetition where there is	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in 'unearned' income during the year.	Assets and/or income Sources	BLOCK A
×	×	×	*	×	×	Indefinite	×	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50-000 \$50,001-\$100,000 \$250,001-\$250,000 \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000				A BB C D E F G H		*Column M is for assets held by your spouse or dependen child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	BLOCK B
salui	Partia	×	*	*	Partnership	Royalites	×	\$25,000,001-\$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000 NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specific		me or Farm Inco	ome)	X ''		or dependent "None" if the asset generated no income during the reporting period.		Type of Income	вьоск с
X	×	×	×		ne x	×	× ×	None \$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$5,001-\$15,000 \$50,001-\$100,000 \$10,001-\$5,000,000 \$10,001-\$5,000,000 \$10,001-\$5,000,000 \$10,001-\$1,000,000 \$10,001-\$1,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$1,000,000 \$1,001-\$1,000,000 \$1,001-\$1,000,000 \$1,001-\$1,000,000 \$1,000,001-\$1,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$5,000,000 \$1,000,001-\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000							tis For assets for which you checked "Tax-Deferred" in Block C. you may check the "None" column. For all other seasets indicate the category of income by checking the appropriate box below. Dividends, interest, and ck capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. If Check "None" if no income was earned or generated. If "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

SCHEDULE A – ASSETS & "UNEARNED INCOME"	
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Page 2	

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Nome															80		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)				
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	- +		-			1		<u> </u>	-		-	1	<u> </u>		1	†	Spouse/DC Income over \$1,000,000*	¥			

SCHEDULE C - EARNED INCOME

Name: Page 으

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	#	Am	Amount
Source (include date of receipt for nonoraria)	Туре	Current Year to Filing	Preceding Year
	Honorarium	000 OC\$	\$500 \$78 OOO
Examples: Civil War Roundtable (Oct. 2) Onitatio County Board of Education	Spouse Speech Spouse Salary	N/A	\$1,000 N/A
I case Togeshir Timen Conta , WC	Salan	~. 61821 \$	\$42,712.w
Irve injerte man (poor The	Salay (spone)	\$ 36,069.00	8 83 75 Ru
Advance Health Media	medre speak	C	45000,00 (3/4n)
TOWN THANTEN PORME COME , IM	Salan	F21,666.00	\$ 52,000.0
	•		

SCHEDULE D - LIABILITIES

liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a *revolving charge account* (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member), loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Name Page_ 앜 Q

SP. DC, JT ST POLICE First Bank of Wilmington, DE Creditor Incurred MO/YR Liability Date 5/98 Mortgage on Rental Property, Dover, DE Type of Liability \$10,001-\$15,000 > \$15,001-\$50,000 8 \$50,001-O \$100,000 \$100,001-\$250,000 o Amount of Liability \$250,001-\$500,000 m \$500,001-\$1,000,000 п \$1,000,001-\$5,000,000 ଜ \$5,000,001-I \$25,000,000 \$25,000,001-\$50,000,000 Over \$50,000,000 ے Over \$1,000,000* ~ (Spouse/DC Liability)

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

Ima Tyeon Brea Coor W	moderal direction of GI dept
Ilan Dynai Dyen Conta. Un	Medad director of median depo
Name of Organization	Position

SC

SCHEDUI	SCHEDULE F - AGREEMENTS	Name: Heleclee Page For 6
Identify the dat continuation or employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered confidential as a result of a	government and any amountation considered commontation of a privileged relationship recognised by law. The repeat information issue on considered of
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
I lay Breeze Drivan Certe in	predad direct
the winds on June (make) with	to main diversor